ICD-9-CM Diagnosis 719.45

Pain in joint involving pelvic region and thigh
- 719.45 is a specific code that can be used to specify a diagnosis
- 719.45 contains 3 index entries

ICD-9-CM Diagnosis 719.46

Pain in joint involving lower leg
- 719.46 is a specific code that can be used to specify a diagnosis
- 719.46 contains 3 index entries

ICD-9-CM Diagnosis 719.47

Pain in joint involving ankle and foot
- 719.47 is a specific code that can be used to specify a diagnosis
- 719.47 contains 3 index entries

ICD-9-CM Diagnosis 719.48

Pain in joint involving other specified sites
- 719.48 is a specific code that can be used to specify a diagnosis
- 719.48 contains 1 index entry

ICD-9-CM Diagnosis 719.49

Pain in joint involving multiple sites
- 719.49 is a specific code that can be used to specify a diagnosis
- 719.49 contains 2 index entries

ICD-9-CM Diagnosis 719.5

Stiffness of joint not elsewhere classified
- 719.5 is a non-specific code that cannot be used to specify a diagnosis
- 719.5 contains 1 index entry

ICD-9-CM Diagnosis 719.50

Stiffness of joint not elsewhere classified involving unspecified site
- 719.50 is a specific code that can be used to specify a diagnosis
- 719.50 contains 1 index entry

ICD-9-CM Diagnosis 719.51

Stiffness of joint not elsewhere classified involving shoulder region
- 719.51 is a specific code that can be used to specify a diagnosis
- 719.51 contains 1 index entry

ICD-9-CM Diagnosis 719.52

Stiffness of joint not elsewhere classified involving upper arm
- 719.52 is a specific code that can be used to specify a diagnosis
- 719.52 contains 1 index entry

ICD-9-CM Diagnosis 719.53

Stiffness of joint not elsewhere classified involving forearm
- 719.53 is a specific code that can be used to specify a diagnosis
- 719.53 contains 1 index entry

ICD-9-CM Diagnosis 719.54

Stiffness of joint not elsewhere classified involving hand
- 719.54 is a specific code that can be used to specify a diagnosis
- 719.54 contains 1 index entry

ICD-9-CM Diagnosis 719.55

Stiffness of joint not elsewhere classified involving pelvic region and thigh
- 719.55 is a specific code that can be used to specify a diagnosis
- 719.55 contains 1 index entry

ICD-9-CM Diagnosis 719.56

Stiffness of joint not elsewhere classified involving lower leg
- 719.56 is a specific code that can be used to specify a diagnosis
- 719.56 contains 1 index entry

ICD-9-CM Diagnosis 719.57

Stiffness of joint not elsewhere classified involving ankle and foot
- 719.57 is a specific code that can be used to specify a diagnosis
- 719.57 contains 1 index entry

ICD-9-CM Diagnosis 719.58

Stiffness of joint not elsewhere classified involving other specified sites

Spasm of muscle
- An involuntary contraction of a muscle or group of muscles. Spasms may involve skeletal muscle (MUSCLE, SKELETAL) or smooth muscle (MUSCLE, SMOOTH).
- 728.85 is a specific code that can be used to specify a diagnosis
- 728.85 contains 13 index entries

ICD-9-CM Diagnosis 728.86

Necrotizing fasciitis
- A fulminating group A streptococcal infection beginning with severe or extensive cellulitis that spreads to involve the superficial and deep fascia, producing thrombosis of the subcutaneous vessels and gangrene of the underlying tissues. A cutaneous lesion usually serves as a portal of entry for the infection, but sometimes no such lesion is found. (Dorland, 28th ed)
- 728.86 is a specific code that can be used to specify a diagnosis
- 728.86 contains 1 index entry

ICD-9-CM Diagnosis 728.87

Muscle weakness (generalized)
- A vague complaint of debility, fatigue, or exhaustion attributable to weakness of various muscles. The weakness can be characterized as subacute or chronic, often progressive, and is a manifestation of many muscle and neuromuscular diseases. (From Wyngaarden et al., Cecil Textbook of Medicine, 19th ed, p2251)
- 728.87 is a specific code that can be used to specify a diagnosis
- 728.87 contains 3 index entries

ICD-9-CM Diagnosis 728.88

Rhabdomyolysis
- Necrosis or disintegration of skeletal muscle often followed by myoglobinuria.
- 728.88 is a specific code that can be used to specify a diagnosis
- 728.88 contains 1 index entry

ICD-9-CM Diagnosis 728.89

Other disorders of muscle ligament and fascia
- 728.89 is a specific code that can be used to specify a diagnosis
- 728.89 contains 27 index entries

ICD-9-CM Diagnosis 728.9

Unspecified disorder of muscle ligament and fascia
- 728.9 is a specific code that can be used to specify a diagnosis
- 728.9 contains 30 index entries

2007 ICD-9-CM Volume 1 Diagnosis Codes <u>Home</u> > Injury And Poisoning <u>800-999</u> > Dislocation <u>830-839</u> >

ICD-9-CM Diagnosis 836

Dislocation of knee
- Slippage of the FEMUR off the TIBIA.
- 836 is a non-specific code that cannot be used to specify a diagnosis

ICD-9-CM Diagnosis 836.0

Tear of medial cartilage or meniscus of knee current
- 836.0 is a specific code that can be used to specify a diagnosis
- 836.0 contains 7 index entries

ICD-9-CM Diagnosis 836.1

Tear of lateral cartilage or meniscus of knee current
- 836.1 is a specific code that can be used to specify a diagnosis
- 836.1 contains 6 index entries

ICD-9-CM Diagnosis 836.2

Other tear of cartilage or meniscus of knee current
- 836.2 is a specific code that can be used to specify a diagnosis
- 836.2 contains 15 index entries

ICD-9-CM Diagnosis 836.3

Dislocation of patella closed
- 836.3 is a specific code that can be used to specify a diagnosis
- 836.3 contains 1 index entry

ICD-9-CM Diagnosis 836.4

Dislocation of patella open
- 836.4 is a specific code that can be used to specify a diagnosis
- 836.4 contains 1 index entry

ICD-9-CM Diagnosis 836.5

Other dislocation of knee closed
- 836.5 is a non-specific code that cannot be used to specify a diagnosis

ICD-9-CM Diagnosis 836.50

Closed dislocation of knee unspecified part
- 836.50 is a specific code that can be used to specify a diagnosis
- 836.50 contains 4 index entries

ICD-9-CM Diagnosis 836.51

Anterior dislocation of tibia proximal end closed
- 836.51 is a specific code that can be used to specify a diagnosis
- 836.51 contains 3 index entries

ICD-9-CM Diagnosis 836.52

Posterior dislocation of tibia proximal end closed
- 836.52 is a specific code that can be used to specify a diagnosis
- 836.52 contains 3 index entries

ICD-9-CM Diagnosis 836.53

Medial dislocation of tibia proximal end closed
- 836.53 is a specific code that can be used to specify a diagnosis
- 836.53 contains 3 index entries

ICD-9-CM Diagnosis 836.54

Lateral dislocation of tibia proximal end closed
- 836.54 is a specific code that can be used to specify a diagnosis
- 836.54 contains 3 index entries

ICD-9-CM Diagnosis 836.59

Other dislocation of knee closed
- 836.59 is a specific code that can be used to specify a diagnosis
- 836.59 contains 4 index entries

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2007 ICD-9-CM Volume 1 Diagnosis Codes <u>Home</u> > Injury And Poisoning <u>800-999</u> > Sprains And Strains Of Joints And Adjacent Muscles <u>840-848</u> >

ICD-9-CM Diagnosis 844

Sprains and strains of knee and leg
- 844 is a non-specific code that cannot be used to specify a diagnosis

ICD-9-CM Diagnosis 844.0

Sprain of lateral collateral ligament of knee
- 844.0 is a specific code that can be used to specify a diagnosis
- 844.0 contains 4 index entries

ICD-9-CM Diagnosis 844.1

Sprain of medial collateral ligament of knee
- 844.1 is a specific code that can be used to specify a diagnosis
- 844.1 contains 3 index entries

ICD-9-CM Diagnosis 844.2

Sprain of cruciate ligament of knee
- 844.2 is a specific code that can be used to specify a diagnosis
- 844.2 contains 3 index entries

ICD-9-CM Diagnosis 844.3

Sprain of tibiofibular (joint) (ligament) superior of knee
- 844.3 is a specific code that can be used to specify a diagnosis
- 844.3 contains 1 index entry

ICD-9-CM Diagnosis 844.8

Sprain of other specified sites of knee and leg
- 844.8 is a specific code that can be used to specify a diagnosis
- 844.8 contains 8 index entries

ICD-9-CM Diagnosis 844.9

Sprain of unspecified site of knee and leg
- 844.9 is a specific code that can be used to specify a diagnosis
- 844.9 contains 11 index entries

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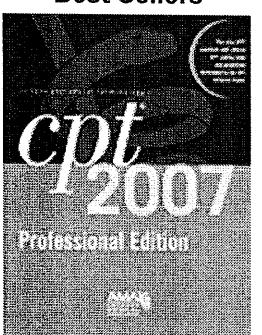Searches will result in a maximum of 25 matches. To refine your search, use your back button.

The figures presented below are adjusted geographically, based on your city and state entry. To view the national breakdown of payment components, click on the code number.

This fee schedule applies to Medicare payments only and may not reflect the true cost of the services provided. **Private sector fees will vary.** For more information about the Medicare payment system, see RBRVS: Resource-Based Relative Value Scale.
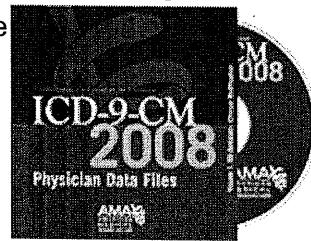
The figures presented below are based on 2007 CPT codes and Medicare payment information.

Code	Description	Medicare Payment***	
		Non Facility*	Facility**
97530.	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	$26.26	$26.26

*CPT Assistant.*Volume 13, Issue 4, April 2003
*CPT Assistant.*Volume 13, Issue 7, July 2003
*CPT Assistant.*Volume 15, Issue 8, August 2005
*CPT Assistant.*Volume 5, Issue -1, 1995
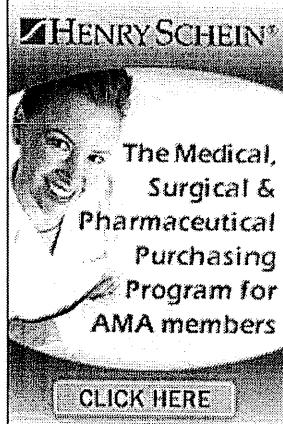*CPT Assistant.*Volume 11, Issue 12, December 2001

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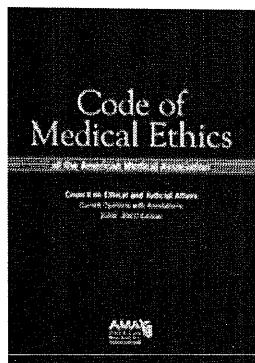
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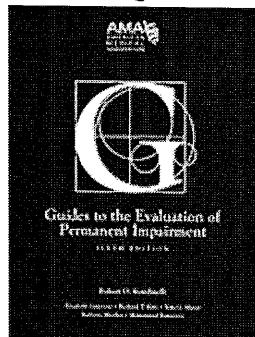
The figures presented below are based on 2007 CPT codes and Medicare payment information.

Code	Description	Medicare Payment*** Non Facility*	Facility**
97110.	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility *CPT Assistant.*Volume 15, Issue 3, March 2005 *CPT Assistant.*Volume 15, Issue 4, April 2005 *CPT Assistant.*Volume 15, Issue 8, August 2005 *CPT Assistant.*Volume 15, Issue 12, December 2005 *CPT Assistant.*Volume 16, Issue 3, March 2006 *CPT Assistant.*Volume 16, Issue 8, August 2006 *CPT Assistant.*Volume 5, Issue -1, 1995	$24.62	$24.62